

## CHARITABLE ORGANIZATION

### ANNUAL FUNDRAISING ACTIVITY REPORT (MAINE)

#### Report Solicitations For Most Recent Fiscal Year

CHARITABLE ORGANIZATION INFORMATION (please print)		
NAME OF CHARITABLE ORGANIZATION		
LICENSE #: CO		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE # (    )	FAX # (    )	E-MAIL:
Fiscal Year:	From: <i>mm / dd / yyyy</i>	To: <i>mm / dd / yyyy</i>

Dates of Fundraising Campaign:	From: <i>mm / dd / yyyy</i>	To: <i>mm / dd / yyyy</i>
Total dollar amount raised from contributions from this campaign:		\$

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Total dollar amount raised from contributions from this campaign:		\$

#### COMPLETE THIS SECTION FOR ENTIRE FISCAL YEAR

Total dollar amount raised from contributions for the Fiscal Year:	\$
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Did you contract with a Professional Solicitor? ☐ Yes ☐ No If yes, complete page 2. The Professional Solicitor must be licensed in Maine.

Did you contract with a Professional Fund-Raising Counsel? ☐ Yes ☐ No If yes, complete page 3. The Professional Fund-Raising Counsel must be licensed in Maine.

By my signature, I hereby certify that the information provided on this annual fund-raising activity report is true and accurate to the best of my knowledge and belief.	
Name (Printed or Typed)	Title (Printed or Typed)
Signature:	Date:

## Professional Solicitor - Photocopy as needed

NAME OF PROFESSIONAL SOLICITOR		
LICENSE #: PS		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE # ( )	FAX # ( )	E-MAIL:
Dates of Fundraising Campaign:	From: <i>mm/dd/yyyy</i>	To: <i>mm/dd/yyyy</i>
Total dollar amount raised from contributions from this campaign:		\$
Total dollar amount retained by professional solicitor for campaign:		\$

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## COMPLETE THIS SECTION FOR ENTIRE FISCAL YEAR

Total dollar amount raised from contributions for the Fiscal Year:	\$
Total dollar amount retained by professional solicitor for the Fiscal Year:	\$

Professional Fund-Raising Counsel - Photocopy as needed

NAME OF PROFESSIONAL FUND-RAISING COUNSEL		
LICENSE #: PFR		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE # ( )	FAX # ( )	E-MAIL:
Dates of Fundraising Campaign:	From: <i>mm/dd/yyyy</i>	To: <i>mm/dd/yyyy</i>
Total dollar amount raised from contributions from this campaign:		\$
Total dollar amount paid to professional fund-raising counsel for campaign:		\$

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LICENSE #: PFR		
MAILING ADDRESS		
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